

Longterm Therapy and Future

Tumescent Liposuction

Traditional liposuction or cosmetic liposuction is NOT recommended as it results in surgical traumatisation especially to the lymph vessels, this can lead to Lipo-lymphoedema and a worsening of the symptoms.

Evidence is growing that liposuction can prove beneficial in reducing the size of the legs and lessening the pain, however, it should only be undertaken by an expert surgeon with knowledge of lipoedema and the lymphatic system. Not all patients with lipoedema are suitable for liposuction treatment as each case has to be considered on an individual basis. Most cases require several operations to achieve the desired results and wearing compression garments and receiving suitable aftercare is a vital part of the treatment. Please ask Susanna for a list of reputable surgeons, with the knowledge of lipoedema and lymphatic system. At present there is no knowledge that UK practitioners have published results on liposuction for lipoedema.

Future

There is no cure for lipoedema at present. Liposuction may prove beneficial in reducing the size of the legs and lessening the pain. Liposuction is not a cure and the condition is likely to recur if the patient gains weight.

3 STAGES OF LIPOEDEMA



1



2



3

Photos courtesy of Prof Dr Wilfried Schmeller

Susanna Priest

In the 1930s Dr Emil Vodder created MLD. This is now a recognised therapy within the NHS Hospitals. Susanna trained in the Dr. Vodder Schule method based in Austria.

Susanna has worked in a major London NHS Hospital on the wards and for the Outpatients in the Dermatology Lymphatic Department. She has also worked in the Oncology department as a therapist for M'Technique Massage for pre and post-operative 'in' and 'out' patients at Cheltenham General Hospital. She is also an EMS therapist.



Other therapies

- Lymphoedema Management
- Electromagnetic Therapy
- Detox Decongestive Therapy
- Fusion Light Therapy
- Infra-red Sauna

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Maps and directions to the clinic can be viewed at

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Please remember that all pre and post-operative therapies should be discussed with the surgeon directing your treatment. A therapy is not a substitute for medical treatment.

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CENTRE 4 HEALTH



LIPOEDEMA THERAPY AND MAINTENANCE

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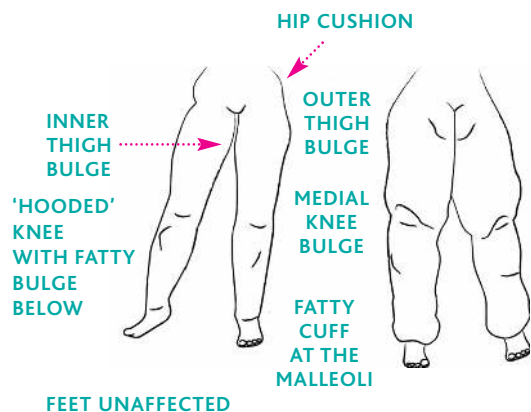
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Do you suffer from the following?

- > Excess weight on your legs, the swelling is symmetrical (both sides of the body are affected equally), the fat that looks like cellulite and feels soft.
- > Heaviness and discomfort of the legs. Loose, floppy connective tissues around the knee joints. Patients may report increased swelling in hot weather.
- > You have a small waist, but large hips and thighs. Your upper body and lower body are completely different sizes making clothes shopping very difficult. Sometimes arms can also be affected and may also be disproportionately fatter.
- > Your excess weight does not include your feet or hands, you can lose weight from your upper body but not your lower.
- > Tenderness/pain and easy or spontaneous bruising to affected areas. Skin may be pale and cold.
- > Some members of your family are or were a similar shape

It is believed that 11% of the female population may suffer from some degree of Lipoedema. Ref: Foldi F, Foldi M 2006 'Lipoedema'. In a survey by Lipoedema UK, 78% of members said they developed symptoms between 18-25 years, while only 7% received a diagnosis and often being dismissed by the medical profession as a vast majority of doctors and nurses aren't trained to recognise lipoedema.

EARLY AND LATE STAGES OF LIPOEDEMA



Diagnosis

Make an appointment with Susanna to discuss your symptoms. A diagnosis is important so that Susanna, your doctor and you can work together to prevent the symptoms getting any worse. Sometimes the symptoms are mistaken for lymphoedema or obesity and if left undiagnosed it is possible that lipoedema can develop into lipo-lymphoedema.

Living with Lipoedema

Many women live with lipoedema all their lives and lead full and active lives, with diet and exercise programmes that can help control and reduce symptoms.

Weight Gain and Obesity

All too frequently women with Lipoedema are told by health professionals that they are just obese, that they need to go away and lose weight. This inappropriate advice often promotes self-blame, increases desperation, and denies access to the correct diagnosis, treatment and preventable deterioration. However if you have this condition, you are not to blame and this cannot be emphasised enough.

Lipoedema is a chronic genetic fat disorder which appears to be linked to the female hormone oestrogen. It develops and often progresses around periods of hormonal change in the body, namely puberty, pregnancy and menopause.

Maintenance

Diet

Women prone to lipoedema should aim to eat nutritious foods and a well-balanced diet and as far as possible avoid putting on unnecessary weight. Some women report that their symptoms worsen after eating products containing yeast, grains, processed foods or after drinking alcohol, especially red wine. Reducing the number of calories you consume will not reduce areas affected by lipoedema eating a very low calorie diet is not advised at any time.

Exercise

Keeping fit is essential and choosing low impact exercises such as swimming, walking in chest-high water (in a safe

place), walking or cycling will tone and strengthen muscles without putting excess pressure on your knees and legs. These also increase lymphatic drainage and improve blood flow through the affected limbs. Avoid high impact exercising (i.e. jogging, step-aerobics) as they may exacerbate joint pain. People with lipoedema should avoid sitting or standing for long periods and always try to include exercise in their daily routine.

Treatments for Lipoedema

Compression Hosiery

Wearing compression hosiery is the single most effective way of slowing down or preventing worsening symptoms, as they encourage the flow of blood and lymph fluid within the lymphatic system which helps prevent fluid retention/oedema in the tissues and the onset of Lymphoedema and developing varicose veins. Also longer term to reduce the pain, discomfort and hopefully stop the progression of Lipoedema by supporting sore tissues and painful knee joints. In addition they provide support to the loose connective tissues and help improve appearance, streamline and redefine the shape of the limbs. Susanna is trained to assess and measure the type and style of compression garments that are most appropriate for each patient; this can be on prescription or private. Gone are the days of Nora Batty stockings! Susanna can also provide donning on and off aids.

Manual Lymphatic Drainage (MLD)

MLD is a specific type of gentle massage that is used to stimulate lymphatic flow thus helping reduce oedema (fluid build-up). It is also useful to reduce pain and discomfort. It is most effective when combined with other treatments such as compression bandaging and/or compression garments. Susanna is specially trained and experienced - see more information on the MLD leaflet.

Intermittent Pneumatic Compression Therapy (IPC):

IPC provides a mechanical massage using air driven pumps and comfortable, inflatable garments that are used over affected areas/swollen limbs. They complement other conservative treatments such as compression and MLD and are not used in isolation. Not all lipoedema patients can tolerate them, especially if pain/tenderness is a particular problem. Susanna can advise.